

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390333	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 06/08/2023
NAME OF PROVIDER OR SUPPLIER: AHN HEMPFIELD NEIGHBORHOOD HOSPITAL STATE LICENSE NUMBER: 50520101		STREET ADDRESS, CITY, STATE, ZIP CODE: 6321 ROUTE 30 SUITE 100 GREENSBURG, PA 15601			
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P 0000	INITIAL COMMENT	P 0000			
	This report is the result of an unannounced onsite complaint investigation completed on June 5, 2023, at AHN Neighborhood Hospital. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.				
P 0933		P 0933			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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P 0933	Continued from page 1 109.36 NURSING NOTES 109.36 Nursing notes Nursing records and reports which reflect the progress of each patient and the nursing care planned shall be maintained. They shall be pertinent, accurate, and concise so that they contribute to the continuity of patient care. Nursing records and reports shall become part of each patient's medical record. This REGULATION is not met as evidenced by:	P 0933	At the AHN Neighborhood Hospitals, we strive to provide the care patients need in the neighborhoods they live by the team they trust. Our nurses work to their scope of their license and we educate our nurses to chart all necessary documentation as it relates to our policies and procedures outlining appropriate charting elements. On June 5th, there was an unannounced onsite complaint investigation where the documentation was found to be out of compliance with the requirements of the Pennsylvania Department of Health Rules and Regulations for Hospitals. Nursing records and reports which reflect the progress of each patient and the nursing care planned shall be maintained. It was determined that our facility failed to ensure nursing notes were pertinent, accurately maintained, and reflect the progress of the patient for the medical record reviewed. Our policy: AHN- Patient Care- Assessment Revision Policy states that our nurses shall initiate accurate and	Completion Date: 06/30/2023 Status: APPROVED Date: 06/30/2023	

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P 0933	Continued from page 2	P 0933	ongoing assessments of patients in our facilities. The nursing assessment, planning interventions, responses to interventions and outcomes of care shall be documented in the patients record. In this specific chart, our nurse failed to follow policy to show significant changes in the patient's condition, treatment, and interventions. To correct and monitor the lack in documentation of reassessing the patient's response to interventions, we plan to complete chart audits to ensure that all interventions are followed per policy. We will complete 15 chart audits at the Hempfield location per week. In addition, we plan to audit not only our staff but also travel staff's documentation to ensure it is meeting our policy during their first month of their rotation. We will report these findings in our patient safety meetings monthly. The audit will monitor: "Was there a medication given?" and the follow up with be "Were the appropriate interventions documented per		

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P 0933	Continued from page 3	P 0933	<p>policy?" This will be our start to determine if additional education and opportunity for improvement forms will need to be filled out by our hospital administrators and clinical educator. Our goal is > 90% for three consecutive months and if nursing documentation does not meet our policy, we will continue to monitor for three consecutive months until this goal is met. For any fall outs, a member of the leadership team will review charting with the specific nurse to ensure necessary documentation is met in a non-punitive manner. In addition, we will be providing an opportunity for improvement form which could cover their specific areas of opportunity, policy review and/or education that is needed. This plan of correction will be implemented by the Hospital Administrators, CNO, Clinical Quality Coordinator, Directors of Nursing and Pharmacists.</p> <p>In addition to chart audits, we plan on resending the education, "Will my documentation save me" to all</p>		

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P 0933	Continued from page 4	P 0933	clinical staff via HealthStream. Lastly, since the visit, we are now documenting on our downtime code forms to capture patient status/interventions in real-time, versus after the fact on the computer due to the lack of documentation noted in this medical record for all cardiac arrests that present or occur in our facilities. With the stated above actions, we are confident we can resolve this citation quickly and effectively.		

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P 0933	Continued from page 5 Based on a review of facility policies and medical records (MR) and staff interviews (EMP), it was determined that the facility failed to ensure nursing notes were pertinent, accurately maintained, and reflect the progress of the patient for one of one medical records reviewed (MR1). Findings include: A review, on June 5, 2023, at 11:23 A.M., of the facility's Policy, AHN-Patient Care-Assessment Revisions Policy, last updated, November 9, 2022\, revealed, "...Policy. 2. The facility nurses shall initiate accurate and ongoing assessment of the physical, nutritional, psychosocial and cultural needs of patients within the facility. 3. All patients entering the facility shall receive nursing care based on a focused documented assessment of their needs by nurses who possess current, comprehensive knowledge and skill in emergency nursing. 4. The nursing assessment, planning interventions, responses to interventions and outcomes of care shall be	P 0933			

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P 0933	Continued from page 6 documented on the patient record. ...Procedure. ...5. Patients will be reassessed regularly throughout their course of treatment to determine their response to treatment and or interventions such as but not limited to: (IV sites, NG tubes, dressings etc.) When a significant change occurs in the patient's condition/diagnosis, the physician will be notified, and documentation will be made... ". Review of MR1, on June 5, 2023, revealed that the patient presented to the Emergency Department on May 23, 2023, at 01:57AM. The patient was placed in a room at 02:08AM and triaged at bedside by the RN for a presenting problem of nausea an vomiting. The patients vital signs at 02:12AM were temperature 36.9, pulse 61, respirations 16, Blood pressure 135/85 and pulse oximetry of 100%on room air. The pain assessment on arrival was a 3.	P 0933			

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P 0933	<p>Continued from page 7</p> <p>Further review of MR1 revealed the following:</p> <p>At 2:20AM the patient was initially assessed by the physician.</p> <p>At 02:46 AM IV Reglan, 10mg was given, however the patient was not reassessed to determine the response to treatment.</p> <p>At 03:10 AM IV Bolus was given, however the patient was not reassessed to determine the response to treatment.</p> <p>At 03:11 AM an EKG was done and read by the physician as a rate of 62, and an undetermined rhythm, septal infarct.</p> <p>At 03:28AM, IV Haldol, 2.5mg was given,</p>	P 0933			

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P 0933	<p>Continued from page 8</p> <p>however the patient was not reassessed to determine the response to treatment.</p> <p>At 04:11AM, nurses notes revealed, "Husband came out of the room and states, "my wife is tensing up". Upon entering the room the patient is tensed up and agonal breathing, skin is dusky, SPO2 of 80%".</p> <p>During an interview on June 5, 2023, at 9:23AM, EMP1 confirmed that the medical record lacked nursing reassessments and response to treatment.</p> <p>During an interview on June 5, 2023, at 12:47PM, EMP3 confirmed that no nursing notes or patient assessments, response to medication or changes in patient condition were documented by the bedside nurse who cared for the patient on the morning of May 23, 2023 from 02:12AM through 04:11AM.</p>	P 0933			

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P 0933	Continued from page 9	P 0933			



Certified End Page

AHN HEMPFIELD NEIGHBORHOOD HOSPITAL

STATE LICENSE NUMBER: 50520101

SURVEY EXIT DATE: 06/08/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY